

EXHIBIT B

DECEDENT'S DEATH CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
JUNE 15, 2010 11:09 AM

CERTIFICATE OF DEATH

Certificate No. 156-10-0023455

NEW YORK CITY

AND MENTAL HYGIENE

JUNE 15, 2010 11:09 AM

1. DECEDENT'S NAME: RONALD BROPHY

(First, Middle, Last)

2a. Place Of Death: New York City
2b. Type of Place: Borough
1 Hospital Inpatient
2 Emergency Dept/Outpatient
3 Dead on Arrival

2c. Name of Hospital or other facility: Nursing Home/Long Term Care Facility
4 Hospice Facility
5 Hospice Residence
6 Decedent's Residence
7 Other Specify _____

2d. Any Hospice care in last 30 days
1 Yes
2 No
3 Unknown

2e. Name of Hospital or other facility (if not facility street address)
Metropolitan Jewish Health System

3a. Date and Time of Death: June, 13, 2010
(Month) (Day) (Year-yyy)

3b. Time: 10:45 AM
3c. Sex: Male
4. Sex: Male
5. Date last attended by a Physician: 06/11/2010

6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge no traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.

Name of Physician: Bernard Lee, MD

Type of Print: Signature: *Bernard Lee*

Address: 6323 7th Avenue, Brooklyn, New York 11220

7a. Usual Residence State: New York
7b. County: Kings
7c. City or Town: Brooklyn

8. Date of Birth: December, 20, 1931
(Month) (Day) (Year-yyy)

9. Age at last birthday: 78 Years

10. Usual Occupation: Sales Clerk
11a. Usual Occupation (Type of work done during past 6 months): Sales

11b. Do not use if certified: Sales Clerk

12. Birthplace (City & State or Foreign Country): Brooklyn, New York

13. Education: Check the box that best describes the highest degree or level of school completed at the time of death
1 8th grade or less
2 9th-12th grade
3 High School Graduate or GED
4 Some college credit but no degree
5 Associate's degree (e.g., A.A., A.S., A.S.S.)
6 Bachelor's degree (e.g., B.A., B.S.)
7 Professional degree (e.g., M.D., D.O., D.V.M., D.B.A.)
8 Postgraduate degree (e.g., Ph.D., Ed.D., Ed.M., M.B.A.)

14. Marital Status at time of death: 1 Married
2 Domestic Partnership
3 Divorced
4 Married, but separated
5 Never Married
6 Widowed
7 Other, Specify _____

15. Place in U.S. or Armed Forces: 1 Yes
2 No

16. Informant's Name (First, Middle, Last): Stephen Brophy

17. Relationship to Decedent: Spouse

18. Father's Name (First, Middle, Last): Waltraud Brophy

19. Mother's Maiden Name (First, Middle, Last): Alice Miller

20. Informant's Name (First, Middle, Last): Waltraud Brophy

21a. Method of Disposition: 1 Burial
2 Cremation
3 Enthronement
4 Cremated
5 Other, Specify _____

21b. Place of Disposition: Name of cemetery/crematory/entombment: Rosalind Cemetery

22a. Location of Disposition (City & State or Foreign Country): Linden, New Jersey

22b. Funeral Establishment: Crestwood Memorial Chapel, Inc.

23. Personal Particulars: _____

24. Other: _____

25. Date of Birth: mm dd yyyy
06 15 2010

26. Address, Street and Number: 199 Bleecker Street, New York, New York 10012

27. City & State: New York, New York

28. ZIP Code: 10012

29. Date of Birth: mm dd yyyy
06 15 2010

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52. ZIP Code: 10012

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon as no inquiry as to the facts has been provided by law.

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DATE ISSUED: June 15, 2010 Order No 20100608829

Signature: *Stephen P. Schwartz, Ph.D.*

